

# Exhibit 33

## Message

**From:** Wells, Peter [/O=KAYESCHOLER/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=WELLS\_P]  
**Sent:** 7/25/2014 9:08:06 PM  
**To:** Richard Markowitz [rmarkowitz@argremgt.com]  
**CC:** Veillette, Rebecca [/O=KAYESCHOLER/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Veillette\_r]; Gregory, Amy [/O=KAYESCHOLER/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=Gregory\_a]  
**Subject:** FW: Brokerage Services with Ballygate  
**Attachments:** Cavus Systems LLC-BallyGate Brokerage Form.docx

Richard,

We have completed the draft Ballygate Questionnaires for all of the plans. Attached is a sample for Cavus for your review - obviously the substantive questions were mirrored on the Solo/OPL questionnaire.

Let me know if you have any comments.

Regards,  
Peter

Peter Wells  
Kaye Scholer LLP  
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T: +1 212.836.8662 | F: +1 212.836.6447  
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-----Original Message-----

From: dina aboujaoude [mailto:dina.aboujaoude@ballygatecapital.com]  
Sent: Wednesday, July 23, 2014 4:16 PM  
To: trading@RouttPension.com  
Cc: custody@oldplc.com; km@oldplc.com; rs@oldplc.com; Ben-Jacob, Michael; Wells, Peter; Gregory, Amy; Veillette, Rebecca  
Subject: RE: Brokerage Services with Ballygate

Hi Richard,

Thank you for your interest in using the equity brokerage services of Ballygate Capital Limited.

In accordance with the firm's registration with the Cayman Islands Monetary Authority ("CIMA") as an "excluded person" under Securities and Investment Business Law ("SIBL"), Ballygate is required to comply with prevailing Anti-Money Laundering Regulations and to ensure that all customers meet Suitability Requirements (of being either regulated financial institutions or sophisticated clients).

To this extent, please find the attached Institutional Customer Account Form, to be completed and signed by a Director or Authorised Signatory for the firm.

Please complete Section A and either Section B or C (as applicable).

We will seek the supporting documentation reference in Section D from your designated agent, Old Park Lane Capital Plc.

Many Thanks,  
Dina

-----Original Message-----

From: trading@RouttPension.com [mailto:trading@RouttPension.com]

Sent: Wednesday, July 23, 2014 7:38 AM

To: dina aboujaoude

Cc: custody@oldplc.com; km@oldplc.com; rs@oldplc.com; Michael Ben-Jacob; Peter Wells; Amy Gregory;

Rebecca Veillette

Subject: Brokerage Services with Ballygate

Ballygate Capital Limited  
Attention: New Accounts

We would like to be onboarded for brokerage services. I authorise Old Park Lane Capital Plc to supply you with any KYC information you require.

I have also copied our lawyers at Kaye Scholer.

Kind regards,

Richard Markowitz  
Routt Capital Trust  
Trading Desk



## INSTITUTIONAL CUSTOMER NEW ACCOUNT FORM

**All customers must complete Section A, either Section B or C (as applicable) and provide all documentation requested in Section D**

**SECTION A** (to be completed by ALL customers)

Customer Legal Entity (Full) Name:	Cavus Systems LLC Roth 401(K) Plan		
Jurisdiction of Incorporation:			
Date of Incorporation:	July 18, 2014		
Incorporation number (or equivalent);			
Tax Identification Number ( <i>if applicable</i> ):	47-1342630		
Parent Legal Entity ( <i>if applicable</i> ) Name:	Cavus Systems LLC		
Is Customer or Parent a Public Company (Yes or No):	No		
If 'Yes', Listing Exchange:			
Registered Office Address:	Address Line 1: State of Delaware		
	Address Line 2: 1811 Silverside Road		
	City: Wilmington		
	State: DE	Postcode/Zip Code: 19810	Country: USA
Place of Business Address ( <i>if different</i> ):	Address Line 1: c/o Cavus Systems LLC		
	Address Line 2: 425 Park Avenue		
	City: New York		
	State: NY	Postcode/Zip Code: 10022-3598	Country: USA

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Principal Contact Details	Name:	Richard Markowitz
	Title/Position:	Trustee
	Telephone Number	(917) 848-5675
	E-mail Address:	Admin@CavusPension.com

**SECTION B** (ONLY complete if customer is Regulated by a Recognised Financial Regulatory Authority)

Regulated Firm Type (eg: Broker Dealer, Investment Firm, or Other):	Please specify:	
Firms Financial Regulatory Authority:		
Country of Regulation:		
Firm's Regulatory Identification #:		
Link to Regulators Database/Website:		

**SECTION C** (ONLY complete if customer is not regulated / Section B above is not applicable)

Description of Firm's Principal Business Activity:	The Plan is created for the purpose of receiving contributions, and providing benefits to the participants and their beneficiaries.		
Please describe the ownership structure of the Firm:			
In the event that 2013 financials (Section D) are not available, please confirm value of assets on balance sheet:	Assets in excess of \$250k <input type="checkbox"/>	Assets less than \$250K <input checked="" type="checkbox"/>	
Investment / Trading Experience Level (of Principals and Authorised Traders)	<i>(please check one based on criteria)</i>		
Average Years of Experience	Experienced <input checked="" type="checkbox"/>	Moderate Experience <input type="checkbox"/>	Inexperienced <input type="checkbox"/>
Average Number of Trades per Year	Over 5 Years	1 to 5 Years	Less than 1 Year
	Over 15	5 to 15	Less than 5

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Investment/Trading Sophistication Level (of Principals and Authorised Traders)		<i>(please check one based on criteria)</i>	
		Sophisticated Customer <input checked="" type="checkbox"/>	Non-Sophisticated Customer <input type="checkbox"/>
USD value/notional (or equivalent) per investment / transaction	Over USD 80,000	Under USD 80,000	
Financial Investment/Trading Decisions (made by the Principals and Authorised Traders):	Typically make own proprietary trading decisions	Typically take third party advice prior to making trading decisions	
Source of Funds for Investments/Trading:	Any contributions made by the sponsoring employer will be from revenue generated by such employer during the current taxable year. Contributions from the beneficiary, including any rollover contributions by the beneficiary, may be from income earned from the sponsoring employer and from income earned from employment in prior years at other employers.		
Please provide us with any additional information not requested above that you believe will help us better understand your investment or trading profile:			

**SIGNED ON BEHALF OF THE CUSTOMER:**

<b>Authorised Signatory:</b>	
<b>Print Name:</b>	Richard Markowitz
<b>Title/Position:</b>	Trustee
<b>Date:</b>	



#### **SECTION D – SUPPORTING DOCUMENTATION**

##### **Part I** (To be provided by ALL customers)

Certified copy of Certificate of Trust ( <i>or equivalent</i> ).	
Certified copy of Trust Agreement ( <i>or equivalent</i> )	
Parent LLC Operating Agreement	
Certified copy of Pension Plan Rules ( <i>or equivalent</i> ).	
Certified copy of the Register of Directors ( <i>or equivalent legal document</i> confirming the directors/officers and the members of the company)	
Signed W-9 tax form where Client is a U.S. Person	
Certified list of Authorised Signatories authorised to execute, on behalf of the Client (and POA agreement where applicable)	
List of Authorised Traders authorised to enter into trading transactions on behalf of the Client (signed by Authorised Signatory)	

##### **Part II** (To be provided ONLY by unregulated customers)

Certified copies of passports and a proof of address document ( <i>less than 3 months old</i> ) for all current Directors	
Certified copy of the Register of Shareholders (or Certified List of all current shareholders who directly, or indirectly, own 10% or more of the shares of the Company)	
Certified copies of passports and a proof of address document for all current shareholders ( <i>or equivalent</i> ) who directly, or indirectly, own 10% or more of the shares in the Company ( <i>if different from the Directors</i> ).	
Certified copy of the most recent audited	

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financial statements (where not available <i>please provide a Certificate of Good Standing).</i>	
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**BALLYGATE INTERNAL USE ONLY**

Signed Customer Account Opening Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CDD / AML Documentation Checked	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Customer Suitability Classification	REGULATED <input type="checkbox"/>	SOPHISTICATED <input type="checkbox"/>
Shareholder/Director OFAC Check	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signed		
Name		
Date		